

**EXPLANATION OF INFORMATION ON  
PROVIDER INFORMATION SHEET**

The Provider Information Sheet is produced when a physician is enrolled in the Illinois Medicaid Management Information System (MMIS). It will also be generated when there is a change or update to the provider record. This sheet will, in turn, be mailed back to the physician and will serve as a record of all the data that appears on the Provider Data Base. If, after review, the physician notes that the Provider Information Sheet does not reflect accurate data, the physician is to line out the errors and/or note the correct information and return the document to the Provider Participation Unit in Springfield, Illinois. If all the information noted on the sheet is correct, the physician is to keep the document and reference it when completing billings.

The following information will appear on the Provider Information Sheet. An explanation of the field follows the field name.

<u>FIELD</u>	<u>EXPLANATION</u>
1. <u>Provider Key</u>	This number uniquely identifies the physician and is to be used as the provider number when billing charges to the Department.
2. <u>Provider Name and Address</u>	Name and address of the physician as carried in Department's records.
3. <u>Provider Type</u>	A two-digit code and the corresponding narrative indicating the provider's classification.
4. <u>Organization Type</u>	A two-digit code and the corresponding narrative indicating the legal structure of the environment in which the physician primarily performs services. The possible codes are:  01 = Individual Practice 02 = Partnership 03 = Corporation
5. <u>Enrollment Status</u>	A one-digit code and the corresponding narrative indicating whether or not the physician is currently an active participant in the Illinois Medical Assistance Program. The possible codes are:  B = Active I = Inactive N = Non Participating

	<u>FIELD</u>	<u>EXPLANATION</u>
6.	<u>Begin</u> <u>(Enrollment</u> <u>Status)</u>	Date indicating when the physician was most recently enrolled in Illinois MMIS.
7.	<u>End</u> <u>(Enrollment</u> <u>Status)</u>	Date indicating the end of the physician's most current enrollment period.
8.	<u>Exception</u> <u>Indicator</u>	A one-digit code and the corresponding narrative indicating that the physician's claims will be reviewed manually prior to payment. The possible codes are:  A = Exception Requested By Audits C = Citation to Discover Assets G = Garnishment N = No Exception S = Exception Requested By Provider Services T = Tax Levy
9.	<u>Begin</u> <u>(Exception</u> <u>Indicator)</u>	Date indicating the first day the physician's claims are to be manually reviewed.
10.	<u>End</u> <u>(Exception</u> <u>Indicator)</u>	Date indicating the last day the physician's claims are to be manually reviewed.
11.	<u>Certification/</u> <u>License Number</u>	A unique number identifying the license issued by a State agency authorizing a physician to practice or conduct business.
12.	<u>Ending</u> <u>(of Certification/</u> <u>License Number)</u>	Date indicating when the license will expire.
13.	<u>Agr (Agreement)</u>	Indicates that the provider has a revised DPA 1413, Provider Agreement, on file and the provider is eligible to submit claims electronically.
14.	<u>UPIN</u>	Unique Physician Identification Number assigned by Medicare.

	<u>FIELD</u>	<u>EXPLANATION</u>
15.	<u>S.S.#</u>	The physician's Social Security Number.
16.	<u>CLIA</u>	Not required
17.	<u>County</u>	The three digit code identifying the county in which the physician maintains his primary office location. It is also used to identify a State if the physician's primary office location is outside of Illinois.
18.	<u>Telephone Number</u>	The primary telephone number of the physician's primary office.
19.	<u>D.E.A. #</u> <u>(Drug Enforcement</u> <u>Agency No.)</u>	Numbers assigned by the Federal Drug Enforcement Administration as a means of identifying a practitioner or other prescribers and dispensers of drugs and controlled substances.
20.	<u>Last Transaction</u>	A three-digit code indicating the last type of update made to the provider's record. The possible codes are:  ADD = Add CHG = Change DEL = Delete COR = Correct
21.	<u>As-Of (Last</u> <u>Transaction)</u>	Date of last update made to Department records.
22.	<u>Managed Care</u> <u>Information</u>	Begin Date - Date physician signed the participation agreement for this program.
23.	<u>Site 1</u>	Location and telephone number where physician will provide care in the Managed Care program.
24.	<u>Payee</u>	Designates payee where the patient management fee is to be mailed.
25.	<u>Specialty</u>	A three digit code and corresponding narrative identifying the medical specialty.
26.	<u>Begin</u>	Date a physician was certified by the specialty certification board to perform a specific specialty.

<u>FIELD</u>	<u>EXPLANATION</u>
27. <u>Eligibility Category of Service</u>	<p>A two-digit code and the corresponding narrative indicating the types of service a physician is authorized to render to Medicaid recipients. The possible codes are:</p> <p>01 = Physician Services  06 = Physician Psychiatric Services  17 = Anesthesia Services  30 = Health Kids Screening Services  45 = Optical Materials</p>
28. <u>Begin-Elig-End</u>	Dates indicating the time that the physician has been approved to render Medicaid services for each category listed.
29. <u>Termination Reason</u>	<p>A one-digit code and the corresponding narrative indicating the reason for a physician's termination of eligibility to render a category of service to Medicaid recipients. The possible codes are:</p> <p>1 = Voluntary Termination  2 = Termination by IDPA  3 = License Decertification  4 = Death  5 = Finc. Disc. Not on File (Not Applicable to Physicians)  6 = Medicare Termination  7 = Closed Due to Inactivity  8 = Other</p>
30. <u>Payee Code</u>	A one digit code identifying the payee authorized to receive warrants on behalf of the physician.
31. <u>Payee Name</u>	The name of the person or entities designated to receive payments on behalf of the physician.
32. <u>Payee Street</u>	The street of the mailing address of the designated payee.
33. <u>Payee City</u>	The city of the mailing address of the designated payee.
34. <u>Payee State</u>	The two-digit postal abbreviation of the State of the mailing address of the designated payee.

	<u>FIELD</u>	<u>EXPLANATION</u>
35.	<u>Payee Zip</u>	The Zip Code of the mailing address of the designated payee.
36.	<u>Payee ID Number</u>	Sixteen-digit identification number assigned to each payee to whom warrants may be issued.
37.	<u>Medicare/ DMERC #</u>	Number assigned by Medicare Carrier to cross-over Medicare billable services.
38.	<u>PIN #</u>	Number assigned by Medicare to a physician within a group practice.
39.	<u>Eff Date</u>	Date indicating the effective date when payment can be made to the payee on behalf of the physician.
40.	<u>Physician required to affix an original signature when submitting changes to the Department of Public Aid.</u>	

MEDICAID SYSTEM (MMIS)  
 PROVIDER SUBSYSTEM  
 REPORT ID: A2741KD1  
 SEQUENCE: PROVIDER TYPE  
 PROVIDER NAME

STATE OF ILLINOIS  
 DEPARTMENT OF PUBLIC AID  
 PROVIDER INFORMATION SHEET

RUN DATE: 11/02/96  
 RUN TIME: 11:47:06  
 MAINT DATE: 11/02/96  
 PAGE: 84

--PROVIDER KEY-- PROVIDER NAME AND ADDRESS PROVIDER TYPE: 10 - PHYSICIAN  
 036999999 JOHNSON ALBERT ORGANIZATION TYPE: 01 - INDIVIDUAL PRACT  
 1421 OAK STREET ENROLLMENT STATUS B - ACTIVNOCST BEGIN 08/15/86 END ACTIVE  
 ANYTOWN, IL 62000 EXCEPTION INDICATOR - NO EXCEPT BEGIN END  
 PROVIDER GENDER: CERTIFIC/LICENSE NUM - 036999999 ENDING 07/31/99 AGR: YES  
 COUNTY 200-COOK UPIN #:  
 TELEPHONE NUMBER:(312)123-4567 LAST TRANSACTION ADD AS OF 04/24/90 S.S. #:331313131  
 D.E.A.#: AA1234567 CLIA #:

MANAGED CARE INFORMATION: BEGIN DATE: 07/13/1993

SITE 1 : PAYEE : 1 1421 OAK STREET ANYTOWN IL 62000 TELEPHONE NUMBER: (312) 123-4567  
 FAX NUMBER: (000) 000-0000

CODE	SPECIALTY	BEGIN	CODE	SPECIALTY	BEGIN	CODE	SPECIALTY	BEGIN
OBG-OBSTETRICS	- GYNECOLOGY	01/01/81	DAP-ADMITTING PRIVILEGES		01/01/92	DPX-DELIVERY PRIVILEGES		01/01/91

  

COS	ELIGIBILITY CATEGORY OF SEVICE	ELIG	BEG DATE	COS	ELIGIBILITY CATEGORY OF SEVICE	ELIG	BEG DATE	TERMINATION
								REASON
01	PHYSICIAN SERVICES		08/15/86	06	PHYSICIAN PSYCHIATRIC SERVICES		08/15/86	
17	ANESTHESIA SERVICES		08/15/86	30	MEDICHEK SCREENING SERVICES		08/15/86	
45	OPTICAL SUPPLIES		08/15/86					

PAYEE

CODE	PAYEE NAME	PAYEE STREET	PAYEE CITY	ST	ZIP	PAYEE ID NUMBER	DMERC#	EFF DATE
1	ANYTOWN MEDICAL ASSOC	1421 OAK STREET	ANYTOWN	IL	62000	363106080-62000-01		08/01/96
	DBA:					VENDOR ID: 01		
	MEDICARE/PIN: 615731/L31541							
2	ALBERT JOHNSON	907 NORTH ELM STREET	DOWNTOWN	IL	62001	448449827-62001-02		12/03/86
	DBA:					VENDOR ID: 30		
	MEDICARE/PIN: 615730/							
3	ANYTOWN NATIONAL BANK	1100 CEDAR LANE	ANYTOWN	IL	62000	448449827-62000-02		03/12/90
	DBA:					VENDOR ID: 30		
	MEDICARE/PIN:							

\*\*\*\*\* PLEASE NOTE: \*\*\*\*\*

ORIGINAL SIGNATURE OF PROVIDER REQUIRED WHEN SUBMITTING CHANGES VIA THIS FORM: DATE \_\_\_\_\_ X\_\_\_\_\_